



PTO/SB/21 (04-04)

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

		Application Number	10/648,032
		Filing Date	Aug 26, 2003
		First Named Inventor	Pressly et al
		Art Unit	3751
		Examiner Name	J. Casimer Jacyna
Total Number of Pages in This Submission		Attorney Docket Number	MSF-9-CON

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Return Receipt Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
	<input type="checkbox"/> CD, Number of CD(s) _____	
Remarks		
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	J. Bennett Mullinax, LLC <i>J. Bennett Mullinax</i>		
Signature	<i>J. Bennett Mullinax</i>		
Date	December 1, 2004		

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	J. Bennett Mullinax		
Signature	<i>J. Bennett Mullinax</i>		Date
			December 1, 2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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FEE TRANSMITTAL

for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant Claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 215.00)

<i>Complete if Known</i>	
Application Number	10/648,032
Filing Date	8/26/2003
First Named Inventor	Pressly et al
Examiner Name	J. Casimer Jacyna
Art Unit	3751
Attorney Docket No.	MSF-9-CON

METHOD OF PAYMENT (check all that apply)					FEE CALCULATION (continued)					
<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Credit card	<input type="checkbox"/> Money Order	<input type="checkbox"/> Other	<input type="checkbox"/> None						
<input checked="" type="checkbox"/> Deposit Account										
Deposit Account Number	50-3172									
Deposit Account Name	J. Bennett Mullinax, LLC									
The Director is authorized to: (check all that apply)										
<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Credit any overpayments									
<input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)										
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee										
to the above-identified deposit account.										
FEE CALCULATION										
1. BASIC FILING FEE										
Large Entity		Small Entity		Fee Description				Fee Paid		
Fee Code	Fee (\$)	Fee Code	Fee (\$)							
1001	790	2001	395	Utility filing fee						
1002	350	2002	175	Design filing fee						
1003	550	2003	275	Plant filing fee						
1004	790	2004	395	Reissue filing fee						
1005	160	2005	80	Provisional filing fee						
SUBTOTAL (1) (\$)										
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE										
Total Claims		-20**=		Extra Claims		Fee from below		Fee Paid		
Independent Claims		- 3**=		X		X	=			
Multiple Dependent							=			
Large Entity		Small Entity		Fee Description				Fee Paid		
Fee Code	Fee (\$)	Fee Code	Fee (\$)							
1202	18	2202	9	Claims in excess of 20						
1201	88	2201	44	Independent claims in excess of 3						
1203	300	2203	150	Multiple dependent claim, if not paid						
1204	88	2204	44	**Reissue independent claims over original patent						
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent						
SUBTOTAL (2) (\$)										
** or number previously paid, if greater; For Reissues, see above										
3. ADDITIONAL FEES										
Large Entity		Small Entity		Fee Description				Fee Paid		
Fee Code	Fee (\$)	Fee Code	Fee (\$)							
1051	130	2051	65	Surcharge – late filing fee or oath						
1052	50	2052	25	Surcharge – late provisional filing fee or cover sheet						
1053	130	1053	130	Non-English specification						
1812	2,520	1812	2,520	For filing a request for ex parte reexamination						
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action						
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action						
1251	110	2251	55	Extension for reply within first month						
1252	430	2252	215	Extension for reply within second month				215.00		
1253	980	2253	490	Extension for reply within third month						
1254	1,530	2254	765	Extension for reply within fourth month						
1255	2,080	2255	1,040	Extension for reply within fifth month						
1401	340	2401	170	Notice of Appeal						
1402	340	2402	170	Filing a brief in support of an appeal						
1403	300	2403	150	Request for oral hearing						
1451	1,510	1451	1,510	Petition to institute a public use proceeding						
1452	110	2452	55	Petition to revive – unavoidable						
1453	1,370	2453	685	Petition to revive – unintentional						
1501	1,370	2501	685	Utility issue fee (or reissue)						
1502	490	2502	245	Design issue fee						
1503	680	2503	330	Plant issue fee						
1460	130	1460	130	Petitions to the Commissioner						
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)						
1806	180	1806	180	Submission of Information Disclosure Stmt						
8021	40	8021	40	Recording each patent assignment per property (times number of properties)						
1809	790	2809	395	Filing a submission after final rejection (37 CFR 1.129(a))						
1810	790	2810	395	For each additional invention to be examined (37 CFR 1.129(b))						
1801	790	2801	395	Request for Continued Examination (RCE)						
1802	900	1802	900	Request for expedited examination of a design application						
Other fee (specify) _____										
*Reduced by Basic Filing Fee Paid										
SUBTOTAL (3) (\$)										
(\$)										
215.00										

*** or number previously paid, if greater; For Reissues, see above*

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	J. Bennett Mullings	Registration No. (Attorney/Agent)	36221	Telephone	864 987 9696
Signature				Date	12/1/2004

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